

<b>REQUIRED</b>	
<b>POST#</b>	<b>DIST#</b>

## POST INFORMATION AND OFFICER REPORT

MAKE SURE EACH SECTION IS COMPLETED AND CORRECT

**PRINT OR TYPE CLEARLY**

**DUE TO DEPT. HQ NO LATER THAN JUNE 18th, 2019**

<b>DEPT. USE ONLY</b>

ALL FIELDS REQUIRED

<b>Mailing Address:</b>					
<b>City:</b>		<b>State: FLORIDA</b>		<b>Zip Code:</b>	
<b>Post Phone#:</b>		<b>Post Fax#:</b>		<b>Post Dues: \$</b>	
<b>Post Lounge: Yes / No</b>		<b>Meeting Day &amp; Time:</b>		<b>Liquor License: Yes / No</b>	
<b>Bingo: Yes / No</b>		<b>Smoking: Yes / No</b>		<b>Food: Yes / No</b>	
<b>Band: Yes / No</b>		<b>Hall Space for Rent: Yes / No</b>		<b>Color Guard: Yes / No</b>	
<b>Post Home?: Yes / No</b>		<b>If No, Post Meets at:</b>			
<b>If Yes, Post Address:</b>					
<b>City:</b>		<b>State: FLORIDA</b>		<b>Zip Code:</b>	
<b>Post E-mail Address:</b>			<b>Post Website:</b>		
<b>Does post have: Auxiliary Unit?: Yes / No</b>		<b>SAL Squadron?: Yes / No</b>		<b>ALR Chapter?: Yes / No</b>	
<b>UPS Shipping Address (if different from mailing address, No P.O. Box)</b>					
<b>Post Service Officer Name:</b>			<b>Phone#:</b>		<b>E-mail:</b>
<b>2019-2020 COMMANDER</b>			<b>2019-2020 ADJUTANT</b>		
<b>Member ID#:</b>			<b>Member ID#:</b>		
<b>Name:</b>			<b>Name:</b>		
<b>Home Address:</b>			<b>Home Address:</b>		
<b>City, State, Zip:</b>			<b>City, State, Zip:</b>		
<b>Home/Cell Phone#:</b>			<b>Home/Cell Phone#:</b>		
<b>Work Phone#:</b>			<b>Work Phone#:</b>		
<b>E-mail Address:</b>			<b>E-mail Address:</b>		

HEREWITH CERTIFY the above officers, whose eligibility in The American Legion I have certified, were duly elected in accordance with the Post's Constitution and ByLaws

\_\_\_\_\_  
Current Post Adjutant Signature

\_\_\_\_\_  
Date

# 2019-2020

## POST INFORMATION & OFFICERS REPORT

- **Print Clearly.** Officer information that is incomplete or information that is unreadable cannot be processed.
- **Fill in EVERY Section, even if the information has not changed from last year.** If there is no information for a section, please put **N/A**.
- **Ensure that all information provided for the 2019-2020 Post Information & Officer Report is current and accurate.** Please note that the Commander and Adjutant information provided will appear in the Department Roster and a Post address, including zip code, that is incomplete will not receive Department mailings.
- All Post Commander and Adjutant positions **must have a valid member number** included on the form.
- **Forms that are not signed and dated cannot be processed.**
- All forms must **indicate the Post number** that the changes are to be made under
- Complete and **return this form immediately upon completion of your 2019-2020 Post Elections.**
- **Deadline - no later than June 18th, 2019.**

### IMPORTANT NOTES

- Your Post delegation to the Department Convention will not be seated unless this completed form is received by Department Headquarters.
- 2019-2020 membership cards will not be released to the Post until this report form has been received by Department Headquarters.
- The importance of a completed form that is signed, provides the Department with the ability to make changes to the roster and retain authorized documentation that those changes were requested. **Incomplete forms will not be entered until the information can be verified.**

**Post information not submitted by due date will be omitted from the Department Roster. National will not be notified of changes until July 15th, 2019.**